



**U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)**

Angola – Complex Emergency

Situation Report #3, Fiscal Year (FY) 2002

August 14, 2002

Note: The last situation report was dated June 12, 2002.

BACKGROUND

On April 4, 2002, representatives of the Government of the Republic of Angola (GRA) and the National Union for the Independence of Angola (UNITA) signed a memorandum of understanding (MOU) that ended the 27-year civil war and reinstated the 1994 Lusaka Protocol. The agreement resulted in a new set of opportunities and challenges for the humanitarian community. Access to populations in need of humanitarian assistance and the availability of more cost-effective road transport of humanitarian supplies have increased. However, demobilization and reintegration of ex-combatants, return and resettlement of displaced populations, and increased threats of landmines have resulted in a rise in the need for humanitarian resources in the short-term.

The GRA estimates that the civil conflict affected more than four million Angolans. To date, the United States Government (USG) has provided more than \$97.6 million in emergency assistance to those affected by the conflict in Angola in FY 2002, channeled through the U.S. Agency for International Development's Office of U.S. Foreign Disaster Assistance (USAID/OFDA), Office of Food for Peace (USAID/FFP), the State Department's Bureaus Population, Refugees, and Migration (State/PRM) and Political Military Affairs (State/PM), and the United States Department of Agriculture (USDA). Since 1990, the USG has contributed nearly \$750.0 million in emergency assistance to affected populations in Angola.

NUMBERS AT A GLANCE		SOURCE
Killed (since 1975)	1,000,000	U.S. Committee for Refugees
War-Affected (September 2001)	3,800,000	GRA
Internally Displaced (January 2002)	4,300,000	GRA
	1,340,000 registered	UN OCHA
Refugees (April 2002)	467,000–Total 225,000–Zambia 194,000–Democratic Republic of Congo 18,000–Republic of Congo 30,000–Namibia	State/PRM

Total FY 2002 USAID/OFDA Humanitarian Assistance to Angola¹\$20,350,373
Total FY 2002 USG Humanitarian Assistance to Angola¹\$97,640,373

CURRENT SITUATION

Since the signing of the April 4 MOU that established a cease-fire and ended the 27-year civil war, the peace process in Angola has advanced rapidly. The lack of violence during the peace negotiations illustrated the commitment of each party to the success of the peace process. On August 2, the GRA and UNITA officially declared the end of the 27-year conflict.

Demobilization and Reintegration

On July 30, 2002, the GRA announced the official end of the demobilization process and inducted all UNITA combatants in the Family Reception Areas (FRAs) into

the Armed Forces of Angola (FAA). The FAA decommissioned the majority of the ex-UNITA combatants on August 2, leaving approximately 5,000 in active service. By officially inducting former combatants into the FAA, the GRA facilitated the eligibility of ex-combatants to receive payments through World Bank and GRA demobilization programs.

Family Reception Areas

In May 2002, USAID/OFDA deployed a Demobilization and Reintegration Planning Liaison Officer to conduct an initial assessment of the humanitarian situation within the FRAs and identify opportunities for USAID/OFDA to

¹ FY 2002 Funding Totals represent the total funds provided to date.

assist family members. Following the assessment, USAID/OFDA provided more than \$2.0 million in non-food emergency assistance commodities to the United Nations (U. N.) through the International Organization for Migration (IOM) for distribution in the FRAs. In total, the three airlifts and one sealoft of emergency non-food items (NFIs) consisted of 50,000 blankets, 50,000 water containers, more than 6.1 million sq. ft. of plastic sheeting, 50,016 bars of soap, and 25,000 kitchen sets. As of July 9, 2002, all USAID/OFDA-funded NFIs were distributed to 25,000 families in 12 FRAs located in seven provinces.

From June 10 through July 9, USAID's Bureau for Democracy, Conflict, and Humanitarian Assistance (USAID/DCHA) conducted an assessment of the humanitarian situation in the FRAs and newly accessible areas. The team included representatives from USAID/OFDA, USAID/FFP, USAID's Office of Transition Initiatives (USAID/OTI), and USAID/Angola. During the assessment, the team visited five FRAs located in Huambo, Benguela, and Bié provinces. The assessment indicated that the distribution of emergency food assistance and NFIs had improved the humanitarian situation in the FRAs. Emergency needs, especially in the areas of public health, potable water, and food security, continue to be of concern throughout the demobilization effort. Health posts in the FRAs experienced severe shortages of medical supplies and basic pharmaceuticals. In response, USAID/OFDA provided 12 health kits valued at \$86,177. Each kit contains basic medical supplies and medicines to support 10,000 people for three months. International Medical Corps (IMC) distributed the majority of the supplies to FRAs through USAID/OFDA's partners in Bié, Huambo, Uíge, Cuando Cubango, Kwanza Sul, and Benguela provinces. In order to meet continuing humanitarian needs, USAID/OFDA is in the process of procuring an additional 24 kits that will be distributed in affected areas.

As of July 31, 2002, the U.N. Office for the Coordination of Humanitarian Affairs (UN OCHA) reported that approximately 80,000 ex-combatants, accompanied by 300,000 dependents, remained in the FRAs. The role that the GRA will play in providing ongoing humanitarian assistance to civilians remaining in the FRAs after August 2 remains unclear.

Security and Access

Since the signing of the peace agreement, security and accessibility has improved throughout the country. However, accessibility continues to be limited by the threat of landmines—affecting both the provision of humanitarian assistance and the resettlement and return process. Reliable estimates regarding the number of landmines in Angola are unavailable, although there may be fewer mines than previously indicated. According to the U.N. Development Program (UNDP) between 500,000 and 700,000 landmines and an additional two million unexploded ordinances (UXO) remain in Angola.

According to State/PM, the heaviest concentration of landmines extends from the northwest border with the Democratic Republic of the Congo (DRC) to the southeast border with Namibia, covering nearly 50 percent of the country. State/PM also estimated that one in every 334 Angolans, or 70,000 people, are amputees as a result of landmine and UXO explosions.

The threat of landmines is one of many factors constraining humanitarian assistance and resettlement and return efforts in Angola. Civilian and military demining efforts in Angola are uncoordinated. The GRA relegated humanitarian demining responsibilities to the *Instituto Nacional de Remoção de Obstáculos e Engenheiros Explosivos* (INAROE), a civilian demining agency, without the involvement of UNITA and FAA representatives. Demining nongovernmental organizations (NGOs) are working in coordination with U.N. agencies and the humanitarian community at the provincial level, without a centralized coordination or a nationwide effort to map, demarcate, and prioritize humanitarian demining efforts.

Since 1995, State/PM has provided more than \$12.0 million in humanitarian demining assistance to Angola. Of this total, State/PM provided \$5.8 million through NGOs to address humanitarian demining issues in Angola in FY 2002.²

Humanitarian relief and resettlement efforts are also constrained by the country's devastated infrastructure. After nearly three decades of war, the majority of the nation's roadways and airstrips are impassable or insecure. Although major roadways near the coast and between provincial capitals are accessible, the secondary roadways, including those that provide access to several FRAs and areas designated for resettlement, remain impassable. While the cessation of violence has enabled increased proportions of emergency commodities to be delivered via road, approximately 40-50 percent of all the humanitarian assistance commodities in Angola must still be delivered by air. The volume of aircraft that can be accommodated at most of the nation's inadequate and debilitated airstrips is limited, often hampering emergency relief efforts.

Humanitarian assistance operations have increased slowly due to the lack of a functional transportation infrastructure and the continued threat of landmines. UN OCHA has responsibility for the overall coordination of security issues, including both logistics infrastructure and landmine issues. UN OCHA works closely with the UNDP field security officers to assess the safety and functionality of transportation corridors, as well as locations with populations requiring humanitarian assistance. To date, these assessments have focused on

² For additional information regarding State/PM's Humanitarian Demining Program, please see <http://www.state.gov/t/pm/rls/walkearth/2001>.

major transportation corridors and have not resulted in increased humanitarian access to rural areas.

In response to security and access concerns, USAID/OFDA provided \$1 million to UN OCHA during FY 2002 to enhance coordination efforts among the humanitarian community. Coordination activities include reporting, information sharing initiatives among the U.N., GRA, NGOs, and donors, and field advisors working across Angola to provide information to the humanitarian community on security and access. USAID/OFDA also continued to support UNDP's efforts to maintain civil/military security liaison officers in selected provinces. USAID/OFDA began supporting this effort in 1999 and continued in FY 2002 by providing an additional \$880,000.

To address immediate humanitarian concerns resulting from limited access, USAID/OFDA supported the U.N. World Food Program (WFP) efforts to provide air transport of NFIs and humanitarian personnel from the international and local NGOs, the donor community, U.N. agencies, and the diplomatic corps. In FY 2002, USAID/OFDA provided more than \$1.1 million to WFP for these logistical air support efforts.

Newly Accessible Locations

From June 10 through July 9, the USAID/DCHA assessment team visited seven newly accessible areas in five provinces: Benguela, Bié, Huambo, Kwanza Sul, and Uíge. The USAID/DCHA assessment team reported that the capacity of humanitarian NGOs to expand to newly accessible areas is constrained by a combination of inadequate resources, limited staffing, and access restrictions.

In response to increased access to populations in need of humanitarian assistance, USAID/OFDA provided more than \$780,000 to Action Against Hunger (AAH/USA) to provide essential emergency assistance—including health, nutrition, and water and sanitation services—for 30,000 beneficiaries in newly accessible locations.

Refugees

As a result of three decades of violence, many Angolans have sought refuge in neighboring countries. According to State/PRM, nearly 467,000 Angolan refugees were living in other countries in April 2002: 225,000 in Zambia; 194,000 in the DRC; 30,000 in Namibia; and, 18,000 in the Republic of Congo (ROC). Of this total, 170,000 Angolan refugees are estimated to have fled since the resumption of hostilities in 1998. Some of the older case load refugees have spontaneously settled and are now integrated into host communities. Most of the newer caseload refugees are in camps established by the host country and assisted by the U.N. High Commissioner for Refugees (UNHCR), WFP, and NGOs. Following the April 4 cease-fire and renewed prospects for a durable peace in Angola, UNHCR reported widespread interest among refugees in returning home.

An estimated 20,000 Angolan refugees have spontaneously returned from Zambia and the DRC since January 2002. UNHCR is planning for as many as 80,000 spontaneous returns in 2002, followed by an organized repatriation program to begin in 2003.

State/PRM continues to support the humanitarian needs of Angolan refugees throughout the region through funding to UNHCR, WFP, and NGOs. To date, State/PRM has provided approximately \$10.0 million to UNHCR to support Angolan refugees in Zambia, Namibia, the DRC, and ROC. In addition, State/PRM provided more than \$1.2 million to WFP to support emergency food assistance activities for refugees in Zambia and Namibia, \$583,020 to Lutheran World Relief to assist Angolan refugees in Zambia, \$807,324 to CARE to assist Angolan and Congolese refugees in Zambia, and \$699,985 to IRC to assist Angolan refugees in DRC. These contributions are in addition to State/PRM's unearmarked contribution to UNHCR for Africa, totaling \$29.8 million to date in FY 2002. State/PRM has also contributed \$42.4 million to the International Committee of the Red Cross (ICRC) for its Africa programs, a portion of which is used to support ICRC programs in Angola.

Internally Displaced Persons and Resettlement

According to the GRA, there are 4.3 million internally displaced persons (IDPs) in Angola, of which 1,340,000 are registered with humanitarian organizations to receive emergency assistance. Following the cease-fire agreement in April 2002, the number of IDPs in Angola increased, as people in previously isolated areas moved in search of humanitarian assistance. As the influx of new IDPs wanes and the peace process solidifies, the focus of international emergency assistance is expanding to include the needs of IDPs prepared to return to areas of origin or resettle in new locations.

Among the IDP populations in Angola, the number of unaccompanied, or separated children has risen noticeably in the Provinces of Moxico, Bié, Huambo, and Kwanza Sul. The United Nations reported that 4,650 separated children were registered from June to December 2001, while NGOs estimate that there are approximately 100,000 unaccompanied children across the country. ICRC is engaged in family reunification and tracing efforts in 10 provinces including Huambo, Moxico, Bié, Huila, Benguela, Cuando-Cubango, Uíge, Kwanza Norte, Kwanza Sul, and Luanda.

The USAID/DCHA assessment team indicated that the primary constraints to return and resettlement efforts of IDPs include a lack of access to landmine information, agricultural inputs, temporary food supplies, and basic NFIs. Despite these constraints, spontaneous returns continue. Estimates from UN OCHA indicate that as many as 500,000 IDPs are expected to return or resettle by December 2002. Resettling and returning families will

require emergency relief assistance such as seeds and tools, temporary food supplies, and basic non-food items.

In response to the urgent need for resettlement support, USAID/OFDA provided the U.N. Food and Agriculture Organization (FAO) with \$3.1 million to distribute seeds and tools to IDP and resettling populations throughout the country. As many as 115,000 families will receive USAID/OFDA-funded seeds and tools through FAO prior to the September planting season.

USAID/OFDA supports a variety of humanitarian assistance programs—directly targeting more than 2.2 million vulnerable IDPs, the majority of which are women and children. The details of these efforts are outlined by sector below.

Food Security and Agriculture

In addition to ongoing emergency food distributions required in IDP camps throughout Angola, the food security situation in Angola is a priority component of successful reintegration, return, and resettlement efforts. The main growing season for maize extends from October to April, with second season crops grown in irrigated areas year-round. Humanitarian programs impacting food security and agriculture efforts are crucial during the months prior to the onset of the main agricultural season.

In response to ongoing food security concerns, USAID/OFDA supported more than \$3.5 million in food security activities in Angola during FY 2002. In addition to contributions towards FAO seeds and tools activities outlined above, USAID/OFDA also continued its FY 2001 support of FAO's food security and agriculture coordination efforts by providing an additional \$50,000 in FY 2002

USAID/OFDA also provided \$250,000 in support to World Vision International (WV). The WV initiative provides families with farmer-selected crop seeds and planting materials, promotes low cost, sustainable soil fertility practices, and disseminates results and lessons learned from other food security efforts in the area. Approximately 50,000 IDPs in Malanje and Kwanza Norte Provinces participate in the program.

To date, USAID/FFP provided 58,000 MT of P.L. 480 Title II emergency food assistance valued at \$42.0 million in FY 2002. Through WFP, USAID/FFP's contributions will support the food requirements of approximately 1.2 million vulnerable Angolans. In addition, USDA contributed 39,700 MT of 416(b) surplus food commodities, totaling \$28.7 million.

Health

The overall public health situation in Angola remains a primary concern as a result of the following factors: 1) limited access to primary health care and medical supplies in FRAs; 2) increased demands for humanitarian

health care by populations in previously inaccessible locations; 3) continued health care requirements in IDP camps; and, 4) increased numbers of returning and resettling populations in areas without adequate health care infrastructure.

Three decades of violence destroyed water and sanitation systems throughout the country. Basic health care services are nonexistent or inaccessible for the majority of the population. IDPs are moving into already overcrowded urban and semi-urban areas without functioning health infrastructures. As a result, the potential for epidemics in urban areas and IDP camps remains high. Malaria, respiratory infections, and diarrheal diseases are among the most common ailments and reported causes of death for Angolans.

In response to the health situation in Angola, USAID/OFDA supported approximately \$4.9 million in emergency health initiatives during FY 2002. In an effort to improve public health conditions, USAID/OFDA provided more than \$500,000 to AAH/USA to increase the availability of curative and preventative health services for 143,000 people in Ganda Municipality of Benguela Province. AAH/USA's health program ensures reliable regular supplies of essential drugs and medical equipment and provides supervision and technical assistance of MINSA staff working in health clinics, hospitals, and community health initiatives. In addition to benefiting the general population, the program also targets 28,600 children under the age of five and 34,000 women of child-bearing age. USAID/OFDA's support to AAH/USA also facilitates efforts to monitor the humanitarian situation in the municipality.

USAID/OFDA also provided nearly \$2.0 million in support to OXFAM for water and sanitation initiatives. In order to improve overall public health, OXFAM plans to provide 214 potable water sources for 115,000 residents of Malanje, Huambo, and Kuito provinces. In the same areas, 88,800 residents will have access to 5,440 latrines provided through OXFAM.

Catholic Relief Services (CRS) received more than \$230,000 from USAID/OFDA to implement a health education and prevention program in the Cubal, Balombo, and Ganda municipalities of Benguela Province. The education and prevention initiatives focus on infant and child nutrition, immunizations, and the prevention and treatment of malaria and diarrheal diseases. Approximately 8,200 children under the age of five, 12,300 women of child-bearing age, 400 health care workers, and 115 nutrition staff benefit from the program.

Maternal and child health (MCH) issues are a priority health concern in Angola. Angola has one of the highest infant, child, and maternal mortality ratios in the world. According to the United Nations' Children's Fund (UNICEF), the mortality rate for children under 5 in Angola is 292 per 1,000. Levels among camp residents

are estimated to be higher than those from urban areas. Maternal mortality ratio figures from the last national estimate (1993) indicate that between 1,281 and 2,000 women die for every 100,000 live births—compared to 137 deaths per 100,000 in Namibia. Recent assessments indicate that nearly 85 percent of all births are unattended and that emergency obstetrical care and antenatal services are unavailable.

In response to the MCH crisis in Angola, USAID/OFDA continued to support a MCH program implemented by IMC with a \$1.2 million grant in FY 2002. The program provides increased access to safe and hygienic deliveries for women of childbearing age, including essential emergency obstetric care. The total targeted population is more than 1.2 million of the most vulnerable residents and IDPs in several municipalities in Huambo, Malanje, and Uíge provinces. IMC's MCH efforts also include child-spacing services, child vaccinations, and integrated management of childhood illnesses. In addition, IMC trains local health care workers, provides emergency medical supplies, and develops immunization outreach activities.

Africare received more than \$450,000 to implement an immunization program in Camacupa and Kuito municipalities, located in Bié Province, as well as in Waku Kungo Municipality, located in Kwanza Sul Province. The program provides vaccines against six preventable diseases to approximately 194,000 children under the age of five and 178,000 women of child-bearing age. USAID/OFDA's support to Africare also facilitates efforts to improve the capacity of three health care facilities in Waku Kungo, such as the supply of medical equipment and essential drugs, training of health workers, and the prevention and treatment of malaria, diarrheal diseases, and pneumonia.

USAID/OFDA provided nearly \$500,000 to GOAL, Ireland Relief and Development Organization, to implement emergency public health activities, focusing on MCH issues, for 36,000 beneficiaries, primarily women and children near Luena City, Moxico Province.

CONCERN Worldwide received nearly \$350,000 from USAID/OFDA to provide maternal and child health services to 100,000 residents, IDPs, and returnees in Malanje City, Malanje Province, and the surrounding areas.

The National Institute of Statistics continues to work closely with UNICEF to complete a Multiple Indicators Cluster Survey (MICS) that will provide a comprehensive overview of the status of women and children in Angola. The results will include data regarding child and maternal health, malaria, HIV/AIDS, nutrition, water and sanitation, education, migrations, and household characteristics. While this study is nationwide, women and children residing in IDP camps were not originally included in the sample. In response, USAID/OFDA

provided approximately \$140,000 to UNICEF to expand this effort to include women and children IDPs in 10 provinces.

Nutrition

The nutrition situation in Angola remains tenuous, not only among IDP populations, but also among residents of areas where access has recently been gained. In response to emergency nutrition needs in Angola, USAID/OFDA provided approximately \$1.9 million in support of nutrition activities to date in FY 2002. For example, USAID/OFDA provided more than \$750,000 to AAH/USA to implement a supplementary feeding program to benefit 11,400 vulnerable residents and IDPs in the Ganda Municipality of Benguela Province.

CRS received \$1.3 million from USAID/OFDA to implement emergency nutrition activities in Benguela Province. CRS's nutrition efforts include the provision of therapeutic and supplementary feeding to 7,200 children under five in Balombo and Cubal municipalities. CRS also supports mobile supplementary feeding centers benefiting 4,300 children in Balombo and Cubal. In addition, 18,600 children in Cubal and Ganda receive dry rations through the CRS initiative. USAID/OFDA's support to CRS also facilitates the training of health and nutrition workers, as well as the development of a health and nutrition referral network.

USAID/OFDA provided more than \$43,000 to Africare to manage community kitchen programs in Waku Kungo, located in Kwanza Sul Province and Kuito, located in Bié Province. The community kitchens address nutrition requirements of children under five.

In addition, the nutrition component of the USAID/OFDA-supported CONCERN program, outlined above, specifically addresses the nutritional needs of 100,000 vulnerable pregnant and lactating women, malnourished children, and tuberculosis patients.

NOTE: USAID/FFP and USDA commodities support nutritional requirements of vulnerable Angolans, in addition to food security requirements.

Coordination

In addition to the \$1 million provided by USAID/OFDA to UN OCHA in support of coordination efforts, USAID/OFDA also continued funding UN OCHA's Emergency Response Fund (ERF) with an additional \$3 million in support in FY 2002. The ERF provides rapid disbursement of funds through humanitarian partners to serve as a short-term, emergency mechanism to assist communities until emergency response programs can be established. The ERF addresses the need for the international humanitarian community to have flexibility to rapidly changing humanitarian requirements. UN OCHA has a list of over 90 urgent projects on its top priority list for consideration. In FY 2002, CRS also received nearly \$285,000 in USAID/OFDA support to

continue a capacity building program for local NGOs managing emergency response projects.

USAID/OFDA also addressed coordination issues by providing \$500,000 in FY 2001 to support the WFP Vulnerability Assessment Mapping (VAM/Angola) project. VAM/Angola improves the targeting of food assistance to the most vulnerable populations through collection, analysis, and dissemination of food security data for the humanitarian community.

ANGOLAN GOVERNMENT EFFORTS TO MEET HUMANITARIAN NEEDS

The GRA has shown an increased commitment to humanitarian issues. As outlined above, the GRA has made an effort to include humanitarian concerns in the peace process. Following the signing of the cease-fire, the GRA allowed increased access to populations in need by the humanitarian community. However, the majority of the emergency assistance delivered throughout Angola continues to be provided by the international humanitarian community. The GRA pledged \$50 million in support of cantonment and demobilization of ex-UNITA soldiers. To date, the GRA has not committed any of those funds towards the disarmament, demobilization, and reintegration process. The GRA's National Program of Emergency Humanitarian Assistance (PNEAH) was created in 1999 to respond to Angola's humanitarian crisis. According to a February 2002 report from UN OCHA, Angola has allocated \$45.5 million in assistance under the PNEAH.

USAID/OFDA HUMANITARIAN ASSISTANCE

USAID/OFDA maintains a permanent field presence in Angola through an Emergency Disaster Response Coordinator to monitor USAID/OFDA's programs, coordinate with USAID/Angola, and report on humanitarian issues in the country.

Following the initial implementation of the peace agreement, USAID/OFDA nearly tripled its planned FY 2002 budget for Angola to address the needs, challenges, and opportunities presented by increased access. USAID/OFDA also re-designed its response strategy in Angola to expand activities beyond the Planalto region in order to provide greater flexibility, geographically and programmatically, to its partners—enabling them to rapidly respond to the fluid humanitarian situation. In addition to the Demobilization and Reintegration Planning Liaison Officer deployed to Angola in May, USAID/DCHA deployed an assessment team to Angola from June 11 through July 9. The USAID/OFDA team assessed the humanitarian situation in newly accessible areas and FRAs, as well as the return and resettlement needs of IDPs. The primary findings of the assessment are outlined above.

From July 23 through July 26, USAID/OFDA Director Bernd McConnell visited Angola to assess the humanitarian situation and review the impact of USAID/OFDA-funded programs. McConnell's visit confirmed the findings of the USAID/DCHA assessment team by highlighting the need for continued humanitarian support of the FRAs, especially in the areas of public health and food security, and increased international support of the return and resettlement process.

U.S. GOVERNMENT HUMANITARIAN ASSISTANCE TO ANGOLA

<i>Agency</i>	<i>Implementing Partner</i>	<i>Sector</i>	<i>Regions</i>	<i>Amount</i>
FY 2002				
USAID				\$62,350,373
USAID/OFDA				\$20,350,373
	AAH/USA	Health, Nutrition	Benguela	\$2,044,906
	Africare	Health, Nutrition	Kuito, Camacupa, Waku Kungo	\$500,561
	CONCERN	Health	Malanje	\$349,821
	CRS	Health Training	Countrywide	\$284,365
	CRS	Health, Nutrition	Benguela	\$1,381,081
	FAO	Food Security and Agriculture	Countrywide	\$50,000
	FAO	Agriculture	Countrywide	\$3,120,000
	GOAL	Health	Moxico	\$492,949
	IMC	Health	Huambo, Malanje, Uíge	\$1,200,000
	IMC	12 Health Kits	Benguela, Bié, Cuando Cubango, Huambo, Kwanza Sul, Luanda, Uíge	\$86,177
	IOM	Provision of NFI emergency commodities and transport	FRAs	\$2,020,373
	OXFAM/GB	Water/Sanitation	Huambo, Malanje, Kuito	\$1,996,000
	UNOCHA	Coordination	Countrywide	\$1,000,000
	UNOCHA	Emergency Response Fund	Countrywide	\$3,000,000
	UNDP	Security Field Advisors	Countrywide	\$880,000
	UNICEF	IDP Health Surveys	Countrywide	\$132,000
	UNICEF	Dissemination of Health Data	Countrywide	\$105,740
	WV	Food Security and Agriculture	Malanje, Kwanza Norte	\$250,000
	WFP	Logistics	Countrywide	\$1,184,000
	Administrative Costs			\$272,400
USAID/FFP				\$42,000,000
	WFP	P.L. 480 Title II Emergency Food Assistance – 58,000 MT		\$42,000,000
USDA				\$28,700,000
	WFP	416 (b) Surplus Food Commodities – 39,700 MT		\$28,700,000
STATE/PRM¹				\$790,000
	UNHCR	Assistance to Congolese Refugees		\$790,000
STATE/PM				\$5,800,000
		Humanitarian Demining Program		\$5,800,000
Total USG Humanitarian Assistance to Angola in FY 2002				\$97,640,373

¹State/PRM figures include funding within Angola. State/PRM also provides assistance to Angolan refugees throughout the region. UNHCR receives additional, un-earmarked funding from State/PRM to support refugees across Africa. For more information on regional and Africa-wide assistance through State/PRM, see “Refugees” and “Other USG Assistance” section above.



Bernd McConnell
Director
Office of U.S. Foreign Disaster Assistance

